

rash more extensive with this third bout. Peeling of the fingers and palms of the hands was noted and had also occurred following her hospital admissions two years before.

Her illnesses resemble the staphylococcal toxic-shock syndrome described by Todd,³ and further discussed in the *Utah State Communicable Disease Newsletter*.⁴ Awareness of this syndrome (which does not appear to be rare), and further reporting by clinicians will aid those investigating its cause and management.

GEORGE F. SNELL, MD
Associate Director
Family Practice Residency Program
McKay-Dee Family Practice Center
Ogden, Utah

REFERENCES

1. Milgrom H, Palmer EL, Slovin SF, et al: Kawasaki disease in a healthy young adult. *Ann Intern Med* 92:467-470, Apr 1980
2. Schrock CG: Disease alert (Letters). *JAMA* 243:1231, Mar 28, 1980
3. Todd J, Fishaut M, Kapral F, et al: Toxic-shock syndrome associated with phage group 1 staphylococci. *Lancet* 2:1116, 1978
4. Utah State Department of Health: Communicable Disease Newsletter, Feb 1980

Holistic Advice for Life-Threatening Conditions

TO THE EDITOR: Dr. Robert Raskind is to be commended for his straightforward statement of skepticism [Holistic Medicine for Neurosurgeons] in the March 1980 issue of the journal. His is a valid criticism of those proponents of holistic medicine who tell him that he "... should not treat the tumor, but should treat the patient" without telling him what he might say or do for the patient and how this fits with his role as physician.

It is not reasonable to expect those not having an intuitive appreciation of this approach to medical care to begin to understand it through philosophical discussions about treating the patient and not the disease. Most physicians evolved their sense of their roles and responsibilities vis-a-vis their patients through the repetitive experience of the clinical encounter, beginning as medical students with the observation of their teachers (the most highly esteemed of whom were generally researchers in the esoterica of subspecialties, and showed it), and progressing through the often tedious experiences of the years of residency. Any change in this sense will be achieved only through the same avenue—the specific clinical situation.

Unfortunately, Dr. Raskind could only give a very general description of the case he provided as an example. Nevertheless, I will risk some concrete observations. First, I would suggest that there are several antecedent questions that Dr. Raskind would do well to ask to help determine what his role in the patient's care might be: (1) What is the likely course of this patient's disease after craniotomy and excision of the lesion, and how does that compare with what it would be without a surgical operation? (2) How does the patient feel about the different outcomes presented by these alternatives? Indeed, unless the patient has indicated a wish for his life to be preserved whatever this may cost in residual impairment, simply asking how to go about preserving the patient's life, Dr. Raskind's first question, is irrelevant.

In this respect I would fault Dr. Raskind's critics for strongly (and blindly) advising against a surgical procedure, as much as I might fault him for the opposite. The essence of holistic medicine is a regard for the uniqueness of the patient's life, and to the extent that we cannot stand in another's place, we must be cautious about the advice we give. Where the risk of the disease is significant and the risk of the treatment insignificant (for example, in the use of diuretics for hypertension) this obviously is of minor consequence. But where the disease is life-threatening regardless of treatment and the available treatment carries its own set of complications, as is the case here, then due respect for the patient requires that when we go beyond presenting alternatives for the patient's choice (to answer the almost invariably asked question, "What do you advise I do, Doctor?"), we make clear that we are stepping out of our positions as experts and are answering on the purely personal basis of what we would do were we to find ourselves in a similar situation.

One guideline for the management of these life-threatening conditions, which Dr. Raskind requested and which he might find useful, is that a well-informed patient is the person best equipped to make the critical decisions affecting his or her life, and the physician is in the best position to assure that the patient is well informed about the relevant issues regarding the illness and its treatment.

SIMON L. AUSTER, MD
Martinez, California